

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street)

100 N. Humphreys Blvd

☐Check if different
than previously
reported. (ACC)

Memphis

TN

38120

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00383976

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Patrick W Cobb

Signature of Treasurer

Electronically Filed by Mr. Patrick W Cobb

Date

12

31

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 12

Write or Type Committee Name
COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		
<div>2009</div>		19573.50
(b) Cash on Hand at Beginning of Reporting Period	12872.08	
(c) Total Receipts (from Line 19)	8616.31	24636.09
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21488.39	44209.59
7. Total Disbursements (from Line 31)	2636.40	25357.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18851.99	18851.99
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8300.00	24250.00
(ii) Unitemized	316.31	386.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8616.31	24636.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8616.31	24636.09
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8616.31	24636.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8616.31	24636.09

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	136.40	315.10	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	136.40	315.10	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	24000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	1042.50	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2636.40	25357.60	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2636.40	25357.60	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8616.31	24636.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8616.31	24636.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	136.40	315.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	136.40	315.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Manish S Bhandari

Mailing Address 8747 Brookscreek Drive
Apt 206

City State Zip Code
Cincinnati OH 45249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.4913

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr Robert L. Cody

Mailing Address 11347 Avant Ln

City State Zip Code
Cincinnati OH 45249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cincinnati Hema/Onc

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.4904

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr Justin Peter Favaro

Mailing Address 830 Wismar Ct.

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Onc Specialists of Charlo-
tte

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.4875

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Mark H. Knapp

Mailing Address 5469 Kirby Road
Apt. 63

City State Zip Code
Cincinnati OH 45223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Ohio Onc/Hem Inc

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.4885

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Leibach

Mailing Address 3701 Algonquin Road

City State Zip Code
Rolling Meadows IL 60008

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.4920

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr Philip D. Leming

Mailing Address 7745 Hartford Hill Lane

City State Zip Code
Cincinnati OH 45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cincinnati Hema/Onc

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.4908

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)

Dr Brian A. Mannion

Mailing Address 3647 Fawnrun Drive

City

Cincinnati

State

OH

Zip Code

45241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cincinnati Hema/Onc

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.4909

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms Cornelia McCluskey

Mailing Address 858 Ludlow Avenue

City

Cincinnati

State

OH

Zip Code

45220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.4859

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Anthony Meluch

Mailing Address 4430 E. Brookfield Drive

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.4896

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Taral Patel

Mailing Address 2690 Northmont Dr

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Ohio Onc/Hem Inc

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4887

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Chris Rhoades

Mailing Address 2144 Fairfax Raod

City

Columbus

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zangmeister

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.4892

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Mark L. Segal

Mailing Address 7033 Perry Place

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Ohio Onc/Hem Inc

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.4883

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Ronald Shade

Mailing Address 878 Bristol Drive

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.4873

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr Slobodan M. Stanisic

Mailing Address 6979 Turpin View Drive

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cincinnati Hema/Onc

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4910

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Poonkothai Sundaram

Mailing Address 7165 Pleasant Colony Circle

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.4890

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Mark E. Thompson

Mailing Address 7175 Fox Lake Dr

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Ohio Onc/Hem Inc

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4869

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph P Waselenko

Mailing Address 2736 Lakewood Pointe

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4903

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

8300.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)

Cohen for Congress

Mailing Address 349 Kenilworth

City
Memphis

State
TN

Zip Code
38112

Purpose of Disbursement
Contribution

Candidate Name
Cohen for Congress

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4929

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Steve Israel for Congress

Mailing Address 66 DIX HIGHWAY

City
DIX HILLS

State
NY

Zip Code
11746

Purpose of Disbursement
Contribution

Candidate Name
Steve Israel for Congress

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: SB23.4915

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00